

223
213
FUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

1870

247

CERTIFICATE OF DEATH

REGISTRAR'S NO.

PLACE OF DEATH
AND
USUAL RESIDENCE

PRECEDENT
PERSONAL
DATA

491X
CAUSE
OF
DEATH
ITEM 18

OPERATIONS,
AUTOPSY

MEDICAL
CERTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

BIRTH NO.		1. PLACE OF DEATH A. COUNTY <i>Pima</i>		B. LENGTH OF STAY IN THIS TOWN <i>13 yrs</i> IN ARIZONA <i>13 yrs</i> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <i>Arizona</i> B. COUNTY <i>Pima</i>	
		C. CITY OR TOWN <i>Tucson</i>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <i>Tucson</i> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
		D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Pima County Hospital</i>		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <i>2843 North Stone Ave.</i>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Bertha</i> B. (MIDDLE) <i>Myrtle</i> C. (LAST) <i>McKeehan</i>		4. SEX <i>Fe.</i>		5. COLOR OR RACE <i>White</i>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Married</i>	
6B. NAME OF SPOUSE <i>Robert B.</i>		7. DATE OF BIRTH MONTH <i>6</i> DAY <i>21</i> YEAR <i>81</i>		8. AGE (IN YEARS LAST BIRTHDAY) <i>81</i>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <i>Housewife</i>	
9B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Illinois</i>		11. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) -----	
14A. FATHER'S NAME <i>Daniel McConkey</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Ohio</i>		15A. MOTHER'S MAIDEN NAME <i>Jane Walters</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Ohio</i>	
16. INFORMANT'S SIGNATURE <i>By Robert B. McKeehan - Tucson, Ariz.</i>		ADDRESS		17. DATE OF DEATH (MONTH) <i>February</i> (DAY) <i>7</i> , (YEAR) <i>1963</i>			
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). †THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH† ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <i>Bronchopneumonia, bilateral and lung abscess, left upper lobe</i> DUE TO (C) <i>Generalized arteriosclerosis. Senility</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>4-22-</i> , 19 <i>54</i> , TO <i>2-1-</i> , 19 <i>63</i> , THAT I LAST SAW THE DECEASED ALIVE ON <i>2-1-</i> , 19 <i>63</i> , AND THAT DEATH OCCURRED AT <i>12:00 P.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE (DEGREE OR TITLE) <i>James H. Hall</i> M.D.		22B. ADDRESS <i>Pima County Hospital</i>		22C. DATE SIGNED <i>2-4-63</i>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <i>M</i>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED			
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> <i>2-4-63</i>		25B. DATE		25C. NAME OF CEMETERY OR CREMATORY <i>South Lawn Memorial Park</i>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Tucson, Arizona</i>	
26A. DATE REC. BY LOCAL REG. <i>2-5-63</i>		26B. REGISTRAR'S SIGNATURE <i>James H. Hall</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>James H. Hall</i>		27B. ADDRESS <i>Arizona Mortuary</i>	
		28A. EMBALMER'S SIGNATURE <i>Libby</i>		28B. EMBALMER'S CERT. NO. <i>307</i>			